

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 22 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10744</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>MICHAEL G DAVIS</u> P.O. Box, Bldg., Room No., if any Street <u>519 RIVER RIDGE DR</u> City <u>WATERFORD</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>8327</u>	4. Name, file number, and address of labor organization. Name <u>MICHIGAN Regional Council of CARPENTERS</u> Labor Organization File Number <u>540444</u> P.O. Box, Building and Room Number, if any Street <u>3800 WOODWARD</u> City <u>DETROIT</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>8201</u>
5. Position in labor organization. <u>PRESIDENT MRCC + LOCAL #687</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael Davis

On

8-12-05

Date

313-832-1582

Telephone Number

Name of Person Filing <u>MICHAEL DAVIS</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BENESYS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2075 W. BIG BEAVER RD STE 100

City TROY

State MICHIGAN ZIP Code + 4 8084

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF FRIDGE BENEFIT FUNDS
RECEIVED REIMBURSEMENTS FOR
CONFERENCE EXPENSES & (LOST WAGES)

11.b. Approximate dollar value of such dealing. \$3158.00

12.a. Nature of interest held or income received.

ALL REIMBURSEMENTS ARE FOR
EXPENSES DIRECTLY INCURRED
IN MY CAPACITY AS TRUSTEE

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name VARIOUS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

FROM TIME - TO - TIME DURING
YEAR - I ATTENDED VARIOUS
FUNCTIONS, FOR WHICH NO ~~RECORDS~~
RECORDS ARE AVAILABLE TO ME,
BUT I HAVE NO REASON TO
BELIEVE THAT THEY ARE BUT
DE MINIMIS

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

**Union Trustee Expenses for 2004 Calendar Year -
LM-30 Requirement
Carpenters**

Name/Fund	Dates	Conference	Conference Registration Fee and Hotel Deposit	Expenses	Totals
<i>Mike Davis</i>					
Employee Benefits	11/13/04 - 11/19/04	Health Care Mgt & Fraud Prevention	\$42.50 \$1,307.50	\$900.00 \$900.00	\$942.50 \$2,207.50
Pension	11/8/03 - 11/13/03	Annual IFEBP/San Diego		\$8.00	\$8.00
total for 2004					\$3,158.00